

Treatment Provider Change Request/Opt-Out Form

(Use this form to indicate any changes to how your practice information is listed in the Indivior Treatment Provider Locator. Please complete entire form.)

Provider Name*: _____ * MD DO NP PA "X" DEA #*: _____
* HCP type required

Action Required (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Change of Participation | <input type="checkbox"/> Change of phone number or email address |
| <input type="checkbox"/> New address (new address will replace previous address) | <input type="checkbox"/> Other—please specify in "Other Changes" box below |
| <input type="checkbox"/> New address (new address is in addition to previous address) | |

Participation (choose from the following options)

- Allow my contact information to be posted to Indivior websites **AND** provided to patients by the Indivior Treatment Provider Locator Call Center
- Participation temporarily on hold. Do not** make my information public or refer patients to me at this time.
- Discontinue participation.**

Information on Treatment Site 1

Clinic name: _____
Address*: _____
City: _____ State: _____ ZIP*: _____
Phone Number*: (____)____ - _____ Ext: _____
Contact e-mail: _____

- I agree to receive periodic emails from Indivior Inc.
I also certify that I am 18 years or older (19 if you reside in Alabama or Nebraska).
If you wish, you can unsubscribe at any time.

Information on Treatment Site 2 (If Applicable)

Clinic name: _____
Address*: _____
City: _____ State: _____ ZIP*: _____
Phone Number*: (____)____ - _____ Ext: _____
Contact e-mail: _____

- I agree to receive periodic emails from Indivior Inc.
I also certify that I am 18 years or older (19 if you reside in Alabama or Nebraska).
If you wish, you can unsubscribe at any time.

Other Changes (Please note in box below)

Agreement

I have read and agree to the Terms and Conditions on page 2 of this form, **and have provided my signature on the Terms and Conditions page AND on the signature line below.** Please change my contact information, or my participation status, as I have indicated on this form. I understand that participation in the Indivior Treatment Provider Locator is not an endorsement or recommendation of a Healthcare Provider by Indivior and I agree not to make any such claims or representations. I agree that Indivior Inc. is not responsible for my treatment outcomes.

Please sign and return BOTH pages of this form.

Signature* _____ Date* _____

Please sign and fax both pages of form to **1-855-874-2167**, or scan signed form and email to **Forms@EnrollmentProfile.com**

*Denotes required information

Terms and Conditions

Only waived physicians, Nurse Practitioners and Physician Assistants can participate in the Indivior Inc. ("INDIVIOR") Treatment Locator Service. To qualify, based on data available to the company -

A physician must:

- Have a medical license, active and in good standing;
- Have a unique identifier (i.e. X-DEA number), that is active and in good standing, from the Drug Enforcement Administration ("DEA") that indicates he/she is waived per the Drug Addiction Treatment Act of 2000 ("DATA 2000"), active and in good standing;
- Be in compliance and continue to comply with DATA 2000 and its implementing regulations; and
- Have reviewed the program terms and conditions and opted to participate in writing

A nurse practitioners or physician assistant must:

- Be qualified under the Comprehensive Addiction and Recovery Act of 2016;
- Be licensed under state law to prescribe schedule III, IV, or V medications for the treatment of pain, and the license must be active and in good standing;
- If required by state law, must collaborate or be supervised by a qualifying (waivered) physician to prescribe medications for the treatment of opioid use disorder;
- Have a unique identifier (i.e. X-DEA number), that is active and in good standing, from the Drug Enforcement Administration ("DEA") that indicates he/she is waived per the Drug Addiction Treatment Act of 2000 ("DATA 2000"), active and in good standing;
- Be in compliance and continue to comply with DATA 2000 and its implementing regulations; and
- Have reviewed the program terms and conditions and opted to participate in writing

All eligible physicians, nurse practitioners, and physician assistants, henceforth known as HCPs (Healthcare Providers) are invited to participate in the Indivior Treatment Locator.

1. There is no fee for participation in or use of the Indivior Treatment Locator.
2. Participation in the Indivior Treatment Locator does not impose any requirements on the manner in which the participating HCP provides services to a referred person. Indivior does not track prescription volume or value based on referrals through the Indivior Treatment Locator.
3. Each participant must agree to the terms and conditions for participation.
4. Indivior reserves the right to remove a HCP from the Indivior Treatment Locator if:
 - The HCP's contact information is no longer valid and the company is unable to update it;
 - The HCP's DATA waiver, medical license, healthcare professional license or state prescribing license is suspended, revoked, or restricted in some manner, or the HCP is not allowed to participate in federal or state healthcare programs;
 - The HCP is arrested or under investigation by law enforcement based on publicly available information, direct observation by Indivior employees, or based on a report from law enforcement;
 - Indivior has determined, pursuant to company process memorialized in a policy, that:
 - The prescriber is not in compliance with DATA 2000 and its implementing regulations
 - Prescribing data available to the company indicates a pattern of HCP prescribing our product that exceeds the doses recommended in the current product labeling
 - Prescribing information available to the company indicates a pattern of co-prescribing of benzodiazepines with our product that is not aligned to the cautionary measures in the current product labeling
 - If possible, Indivior will notify the HCP prior to removal from the Indivior Treatment Locator
5. HCPs who wish to participate must sign an agreement choosing to opt-in to the Indivior Treatment Locator ChangeRequest@EnrollmentProfile.com by submitting a signed *HCP New Listing/Opt-In* form. The form may be found at suboxone.com/hcp
6. HCPs may opt-out of the Indivior Treatment Locator at any time by submitting a signed *HCP Change Request/Opt-Out* form. The form may be found at suboxone.com/hcp.
7. To keep the Indivior Treatment Locator information as current as possible, HCPs should provide notice of any changes in contact information ChangeRequest@EnrollmentProfile.com by submitting a signed *HCP Change Request/Opt-Out* form.

Please email completed forms to Forms@EnrollmentProfile.com or fax to 1-855-874-2167

8. Participation in the Indivior Treatment Locator is not an endorsement or recommendation of the HCP by Indivior and HCPs agree not to make any such claims or representations.

HCPs ChangeRequest@EnrollmentProfile.com may choose from the following options to indicate how their contact information is communicated to patients:

- HCPs can allow their contact information to be posted to websites owned and controlled by Indivior*
- HCPs can allow their contact information to be provided to patients by the Indivior Treatment Locator Call Center**
- HCPs can allow their contact information to be posted to Indivior website AND have their information provided to patients by the Indivior Treatment Locator Call Center
- HCPs who choose to receive transferred calls from the Indivior Treatment Locator Call Center may specify whether or not they wish to have calls transferred directly to their office during normal business hours

* *Criteria for referring patients from the website:* Search results are served up randomly per State or per zip code.

All searches may be sorted by City, alphabetically, or by distance from zip code center (or "near me" if using mobile website).

** *Criteria for transferring patient calls from the Indivior Treatment Locator Call Center:* HCP results are served up by caller's location, and the caller then chooses from among the results.

Requirements for participation and use will be disclosed to all participants.

Signature: _____ Date: _____

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